Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

February 5, 2016

Public Health Preparedness and Situational Awareness Report: #2016:04 Reporting for the week ending 1/30/16 (MMWR Week #4)

CURRENT HOMELAND SECURITY THREAT LEVELS

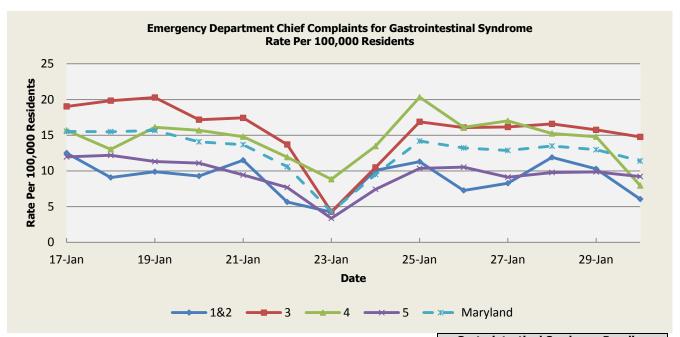
National: No Active Alerts

Maryland: Level Four (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

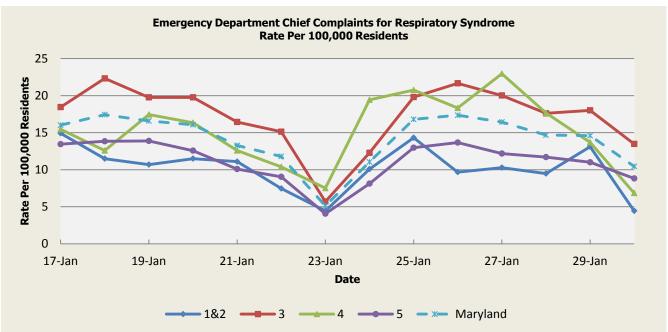
Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census.



There were three gastrointestinal illness outbreaks reported this week: 2 outbreaks of gastroenteritis associated with nursing homes (Regions 1&2,3). 1 outbreak of gastroenteritis associated with an assisted living facility (Region 4).

	Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2						
Mean Rate*	12.92	14.64	15.35	10.24	12.87		
Median Rate*	12.70	14.32	14.57	10.08	12.65		

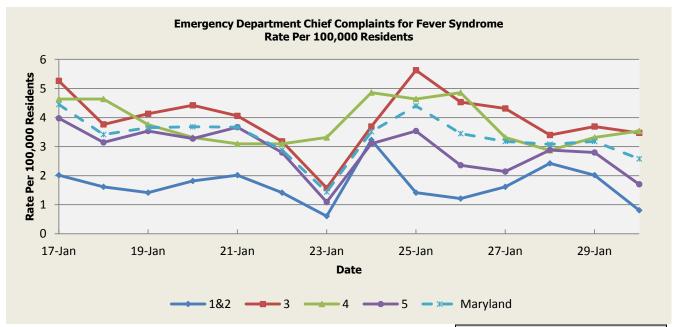
^{*} Per 100,000 Residents



There were no respiratory outbreaks reported this week.

	Respiratory Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	11.96	13.82	13.92	9.82	12.14		
Median Rate*	11.49	13.15	13.47	9.39	11.65		

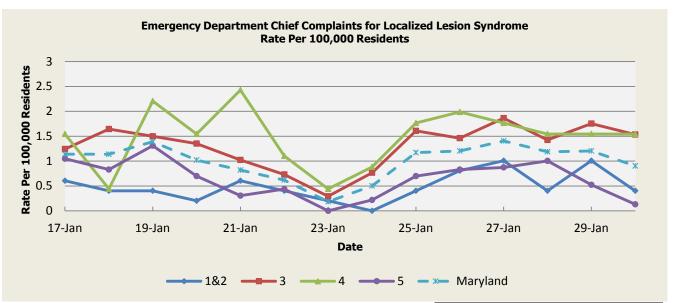
* Per 100,000 Residents



There were no fever outbreaks reported this week.

	Fever Syndrome Baseline Data January 1, 2010 - Present							
Health Region	1&2 3 4 5 Maryland							
Mean Rate*	3.10	3.73	3.44					
Median Rate*	3.02	3.54	3.75	2.97	3.31			

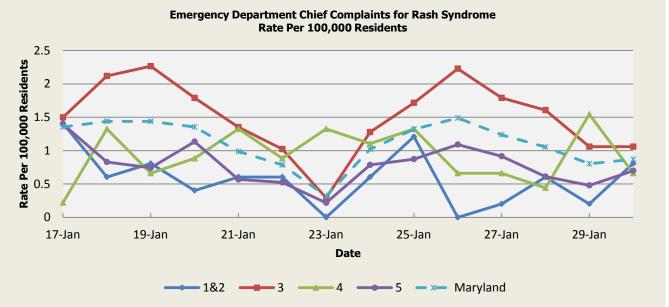
Per 100,000 Residents



There were no localized lesion outbreaks reported this week.

	Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	1.09	1.93	2.05	0.99	1.51	
Median Rate*	1.01	1.86	1.99	0.96	1.46	

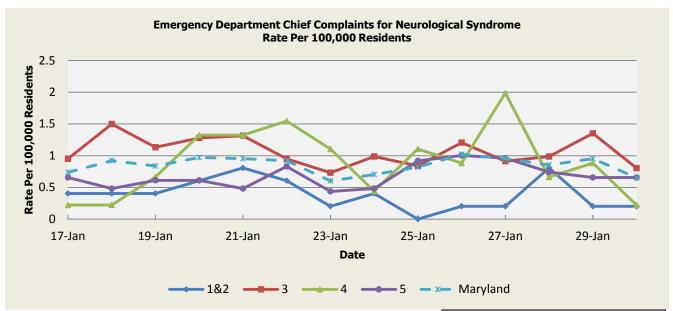
^{*} Per 100,000 Residents



There were no rash outbreaks reported this week.

	Rash Syndrome Baseline Data January 1, 2010 - Present						
Health Region	182 3 4 5 Maryl						
Mean Rate*	1.32	1.75	1.76	1.05	1.45		
Median Rate*	1.21	1.68	1.77	1.00	1.41		

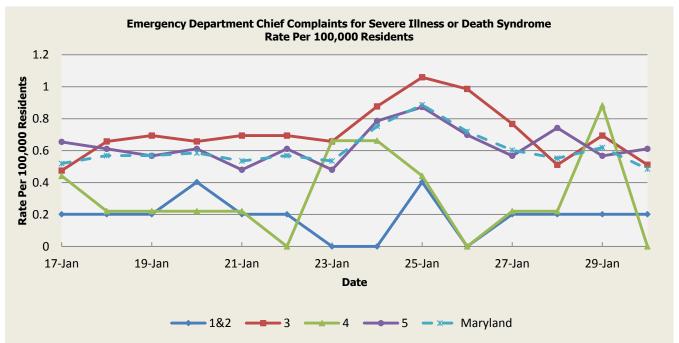
^{*} Per 100,000 Residents



There were no neurological syndrome outbreaks reported this week.

	Neurological Syndrome Baseline Data January 1, 2010 - Present							
Health Region	1&2							
Mean Rate*	0.62							
Median Rate*	0.60	0.66	0.66	0.44	0.55			

^{*} Per 100,000 Residents

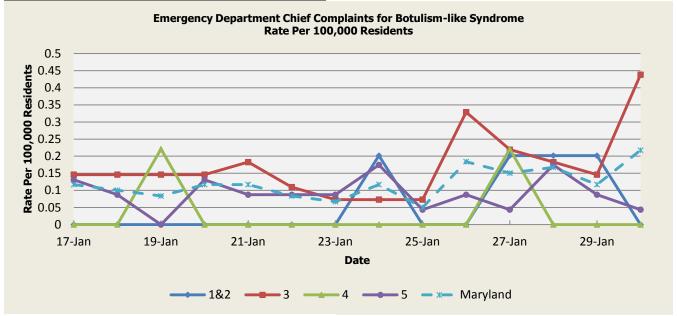


There were no severe illness or death outbreaks reported this week.

	Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2						
Mean Rate*	0.72	0.96	0.43	0.73			
Median Rate*	0.60	0.95	0.88	0.44	0.72		

^{*} Per 100,000 Residents

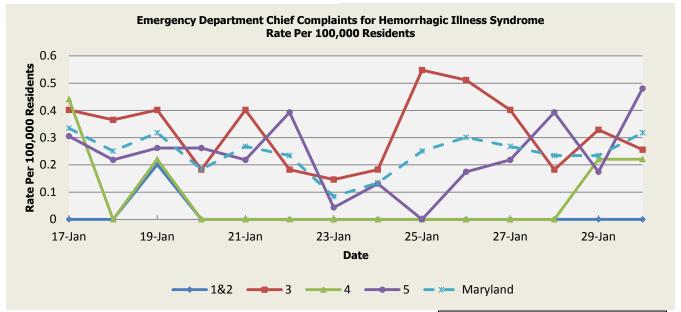
SYNDROMES RELATED TO CATEGORY A AGENTS



There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 1/24 (Regions 1&2,5), 1/26 (Regions 3,5), 1/27 (Regions 1&2,3,4), 1/28 (Regions 1&2,3,5), 1/29 (Regions 1&2,3,5), and 1/30 (Region 3). These increases are not known to be associated with any outbreaks.

	Botulism-like Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2 3 4 5 Marylar						
Mean Rate*	0.06	0.06 0.07 0.04 0.04					
Median Rate*	0.00	0.04	0.00	0.04	0.03		

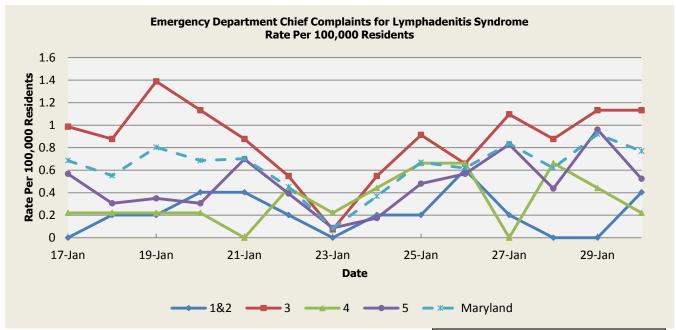
* Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 1/24 (Regions 3,5), 1/25 (Region 3), 1/26 (Regions 3,5), 1/27 (Regions 3,5), 1/28 (Regions 3,5), 1/29 (Regions 3,4,5), and 1/30 (Regions 3,4,5). These increases are not known to be associated with any outbreaks.

	Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	182 3 4 5					
Mean Rate*	0.03	82 3 4 5 Mar 03 0.09 0.03 0.06 0					
Median Rate*	0.00	0.04	0.00	0.04	0.03		

* Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 1/25 (Region 3), 1/27 (Regions 3,5), 1/29 (Regions 3,5), and 1/30 (Region 3). These increases are not known to be associated with any outbreaks.

	Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present							
Health Region	1&2	3	4	5	Maryland			
Mean Rate*	0.31	0.44	0.34	0.28	0.36			
Median Rate*	0.20	0.37	0.22	0.26	0.30			

^{*} Per 100,000 Residents

MARYLAND REPORTABLE DISEASE SURVEILLANCE

	Counts of Reported Cases‡						
Condition		January		Cumulat	ive (Year to	Date)**	
Vaccine-Preventable Diseases	2016	Mean*	Median*	2016	Mean*	Median*	
Aseptic meningitis	10	31.6	30	10	31.6	30	
Meningococcal disease	0	1	1	0	1	1	
Measles	0	0	0	0	0	0	
Mumps	0	0.4	0	0	0.4	0	
Rubella	0	0	0	0	0	0	
Pertussis	0	15	16	0	15	16	
Foodborne Diseases	2016	Mean*	Median*	2016	Mean*	Median*	
Salmonellosis	22	44.8	46	22	44.8	46	
Shigellosis	3	15.4	15	3	15.4	15	
Campylobacteriosis	28	37.4	36	28	37.4	36	
Shiga toxin-producing Escherichia coli (STEC)	4	4	3	4	4	3	
Listeriosis	0	0.4	0	0	0.4	0	
Arboviral Diseases	2016	Mean*	Median*	2016	Mean*	Median*	
West Nile Fever	0	0	0	0	0	0	
Lyme Disease	9	40.8	32	9	40.8	32	
Emerging Infectious Diseases	2016	Mean*	Median*	2016	Mean*	Median*	
Chikungunya	0	1.8	0	0	1.8	0	
Dengue Fever	1	0.4	0	1	0.4	0	
Other	2016	Mean*	Median*	2016	Mean*	Median*	
Legionellosis	4	5.8	5	4	5.8	5	

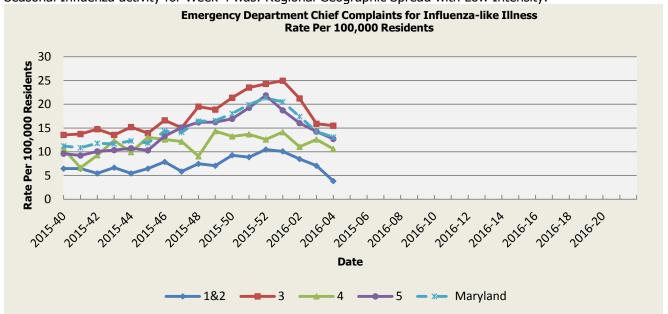
[‡] Counts are subject to change

^{*}Timeframe of 2009-2015

^{**}Includes January through current month

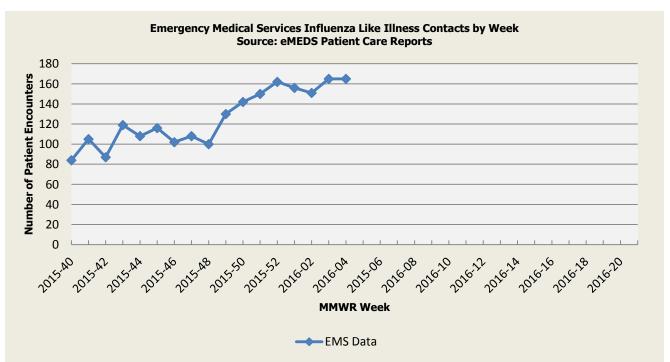
SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October through May). Seasonal Influenza activity for Week 4 was: Regional Geographic Spread with Low Intensity.

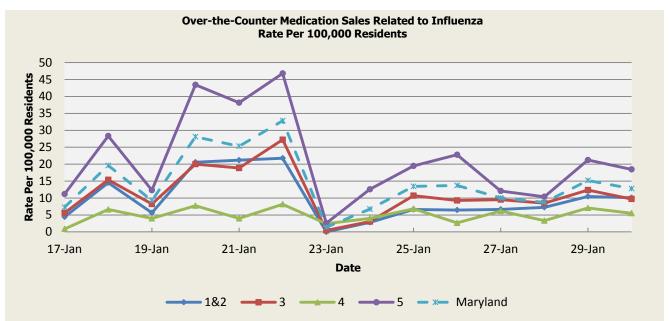


Influenza-like Illness Baseline Data Week 1 2010 - Present						
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	9.27	11.07	10.76	10.08	10.52	
Median Rate*	7.66	8.66	8.83	7.68	8.32	

* Per 100,000 Residents



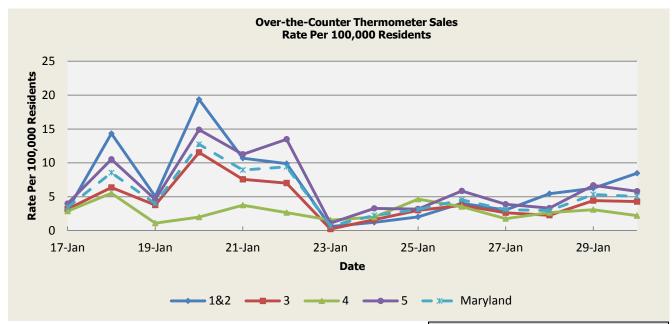
Disclaimer on eMEDS flu related data: This data is based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. This data is reported for trending purposes only.



There was an appreciable increase above baseline in the rate of OTC flu medication sales on 1/25 (Region 4), and 1/29 (Region 4).

	OTC Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	5.68	6.35	3.19	14.20	9.06
Median Rate*	4.23	5.22	2.65	11.48	7.36

* Per 100,000 Residents



There was not an appreciable increase above baseline in the rate of OTC thermometer sales this week.

	Thermometer Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	5.70	4.71	3.33	7.74	5.85
Median Rate*	5.04	4.31	3.09	7.12	5.37

^{*} Per 100,000 Residents

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. As yet, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a deescalation of activities towards those in the interpandemic phase may occur. As of <u>January 20, 2016</u>, the WHO-confirmed global total (2003-2015) of human cases of H5N1 avian influenza virus infection stands at 846, of which 449 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

Avian Influenza in Humans:

H7N9, **H5N6**: 05 Feb 2016 From September 2015 to 1 Feb, 2016, 44 H7N9 human cases, including 10 deaths, have been reported in the Chinese mainland, 70 cases fewer than the same period of the previous year, the National Health and Family Planning Commission said. Read More: http://www.promedmail.org/post/3995719

H7N9 (CHINA): 27 Jan 2016 A new human H7N9 avian flu case was confirmed in central China's Hunan Province, with several coastal provinces reporting such cases this winter. Read More: http://www.promedmail.org/post/3971269

There were no reports of human cases of avian influenza in the United States at the time that this report was compiled.

Avian Influenza in Poultry:

H5N6 (CHINA): 27 Jan 2016 A farm holding black swans and peacocks has suffered an outbreak of highly pathogenic avian influenza. Read More: http://www.promedmail.org/post/3967939

NATIONAL DISEASE REPORTS

There were no relevant national disease reports this week,

INTERNATIONAL DISEASE REPORTS

TULAREMIA (UKRAINE): 04 Feb 2016 In Crimea for the 1st time in 20 years, 2 cases of dangerous zoonotic disease tularemia have been recorded. Cases developed as a result of contact with source of infection, a hare, shot on the territory of the Saksky area near the village of Dobrusina during the hunting season. Read More: http://www.promedmail.org/post/3995341

EBOLA (SIERRA LEONE): 03 Feb 2016 Sierra Leone's Ministry of Health and Sanitation (MOHS) has removed the 2 suspected cases in Pujehun from its daily Ebola report. There is, however, 1 new suspected case in Western Area Urban district, which contains the capital Freetown. Read More: http://www.promedmail.org/post/3990396

BOTULISM (ARMENIA): 01 Feb 2016 Two residents in Armenia's 2nd-largest city of Gyumri in the northwestern province of Shirak were hospitalized with botulism, a disease that usually occurs after eating improperly cooked or preserved foods. The ministry of health said an epidemiological examination found that a possible cause of poisoning is either preserved peppers or a home-made eggplant product. Read More: http://www.promedmail.org/post/3984734

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/ or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the DHMH website: http://phpa.dhmh.maryland.gov/influenza/fluwatch/Pages/Home.aspx

Please participate in the Maryland Resident Influenza Tracking System (MRITS): http://flusurvey.dhmh.maryland.gov

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

Prepared By:

Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
300 W. Preston Street, Suite 202
Baltimore, MD 21201
Fax: 410-333-5000

Anikah H. Salim, MPH, CPH Biosurveillance Epidemiologist

Office: 410-767-2074

Email: Anikah.Salim@maryland.gov

Lisa B. Stancill, MPH

Biosurveillance Epidemiologist

Office: 410-767-5668

Email: Lisa.Stancill@maryland.gov

Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE		
	Allegany County		
Pagions 1 & 2	Frederick County		
Regions 1 & 2	Garrett County		
	Washington County		
	Anne Arundel County		
	Baltimore City		
Region 3	Baltimore County		
Region 3	Carroll County		
	Harford County		
	Howard County		
	Caroline County		
	Cecil County		
	Dorchester County		
	Kent County		
Region 4	Queen Anne's County		
	Somerset County		
	Talbot County		
	Wicomico County		
	Worcester County		
	Calvert County		
	Charles County		
Region 5	Montgomery County		
	Prince George's County		
	St. Mary's County		

